

Please Return to:

Department of Industrial Relations

**DOCUMENT REQUEST SHEET****EMPLOYER:** _____ **CONTACT:** _____**DATE:** _____ **Postmark by DATE:** _____**RECEIVED BY:** _____

As discussed during the inspection on _____, it has been determined that copies of the following documents are required for review. Please provide the Cal/OSHA inspector with the required copies by the "postmarked date" noted above. If the copies are not provided by that date, it will be interpreted as an admission that the documents do not exist and possible **Citations and Monetary Penalties** could result.

- | | |
|--|-------------|
| <input type="checkbox"/> Facility layout (i.e., floorplan, process flow diagram, evacuation route plan, equipment map, etc.) | Rec'd _____ |
| <input type="checkbox"/> Cal/OSHA Log 200 (Current year and the previous _____ years). | Rec'd _____ |
| <input type="checkbox"/> Cal/OSHA 5020 (Employer's First Report of Injury/Illness). | Rec'd _____ |
| <input type="checkbox"/> Cal/OSHA 5021 (Doctor's First Report of Injury/Illness). | Rec'd _____ |
| <input type="checkbox"/> Worker's Compensation Insurance "Experience Modification" _____ | Rec'd _____ |
| <input type="checkbox"/> Injury and Illness Prevention Program | Rec'd _____ |
| <input type="checkbox"/> Inspection records _____ | Rec'd _____ |
| <input type="checkbox"/> Training records _____ | Rec'd _____ |
| <input type="checkbox"/> Safety Committee Meeting minutes (if used) _____ | Rec'd _____ |
| <input type="checkbox"/> First Aid Kit approval (Medical) | Rec'd _____ |
| <input type="checkbox"/> Emergency Action Plan | Rec'd _____ |
| <input type="checkbox"/> Fire Prevention Plan | Rec'd _____ |
| <input type="checkbox"/> Hazard Communication Program, including: | Rec'd _____ |
| <input type="checkbox"/> Material Safety Data Sheets (MSDS'S) | Rec'd _____ |
| <input type="checkbox"/> Respiratory Protection Program | Rec'd _____ |
| <input type="checkbox"/> Hearing Conservation Program (Noise) | Rec'd _____ |
| <input type="checkbox"/> Exposure Control Plan (Bloodborne Pathogens) | Rec'd _____ |
| <input type="checkbox"/> Workplace Exposure Records (Airborne contaminants, noise, etc.) | Rec'd _____ |
| <input type="checkbox"/> Chemical Hygiene Plan (Laboratories) | Rec'd _____ |
| <input type="checkbox"/> Carcinogen registration _____ | Rec'd _____ |
| <input type="checkbox"/> Permits/Variations _____ | Rec'd _____ |
| <input type="checkbox"/> Maintenance records of equipment _____ | Rec'd _____ |
| <input type="checkbox"/> Safety instructions, equipment operation manuals _____ | Rec'd _____ |
| <input type="checkbox"/> OTHER _____ | Rec'd _____ |

If you require an extension of time, in order to satisfy this request, please contact the Cal/OSHA inspector identified with your inspection at the phone numbers above.

INSPECTION NO. _____ **SE/IH ID.** _____ **OPT. RPT NO.** _____